

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/20/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505452	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/10/2013
NAME OF PROVIDER OR SUPPLIER  MESSENGER HOUSE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10861 NE MANITOU PARK BLVD BAINBRIDGE ISLAND, WA 98110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Messenger House Care Center 9/10/13. The sample included 5 current residents out of a census of 71.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2867061</p> <p>The survey was conducted by:</p> <p>[REDACTED], RN, MN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 3, Unit A PO Box 45819 MS: N27-24 Olympia, Washington, 984504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>[Signature]</i> 9/20/13 Residential Care Services Date</p>	F 000	<p><i>Disclaimer</i></p> <p><i>"The following written allegation of compliance is intended to meet the requirements for a plan of correction under state and federal law and is not an admission that the survey findings are correct or that they rise to the level of deficiencies under applicable law."</i></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*[Signature]* TITLE  
N/A

(X6) DATE  
11-3-13

deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey, whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*Revised POC for F TAGS 166 + 412* *[Signature]* 11-18-13

M CMS-2567(02-99) Previous Versions Obsolete Event ID: 45JB11 Facility ID: WA04800

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F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews it was determined that the facility failed to resolve grievances of reported low water temperatures for Resident # 2. This failure placed residents at risk of not consistently having hot running water.</p> <p>Findings include:</p> <p>Observations of resident room and bathroom water temperatures on 9/10/13 at 11:32 with the maintenance director revealed water temperatures in room fixtures and bathroom fixtures that were lukewarm to cold.</p> <p>Resident #2 had a room sink water temperature of 75.5 degrees F, and a bathroom sink water temperature of 94.6 degrees F.</p> <p>On 9/9/13 at 3:34 p.m., during an interview, collateral contact stated there has not been hot water in the bathroom nor in the sink in the room. Collateral contact stated it was reported to the nursing assistants and the licence nurses in June 2013 and again in July 2013. According to the collateral contact, she was told that something was wrong with the boiler system.</p> <p>During an interview on 9/10/13 at 11:11 a.m., Resident #2 stated he used only the sink in his</p>	F 166	<p>F166</p> <p>Resident #2 concerns with the water temperature were addressed with the repair of the hot water system.</p> <p>Boilermaster's assessed the system and provided the needed repairs and replacement on 10/24/13. Maintenance and Administration have been monitoring for temperatures threshold and have been logging. Temps have stayed within the acceptable range of +/- 10 degrees from 110. The logs include temping the rooms and also random sampling. The repairs included work on valves and a circulation pump.</p> <p>Ongoing monitoring is being performed by maintenance and Administration. Staff are also to contact maintenance and Administration of any H2O concerns.</p> <p>Maintenance will do routine water temp logging. Administration and Q A will monitor compliance.</p> <p>Staff have been in-serviced on communication of maintenance issues.</p>	11-9-13

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F 371	Continued From page 4 Review of the facility's "dish machine temperature log" revealed temperatures documented three times a day for breakfast noon and evening for the month of September 2013. The log instructed staff to send an empty dish rack through the machine to check temperatures and documented that some machines require this to be done 3-5 times to meet the standard temperature. Further review of the "dish machine temperature log" revealed eight of 9 days in September 2013, when the rinse cycle did not reach 180 degrees F. The bottom of the dish machine temperature log revealed a comments/action section that was not completed.  On 9/10/13 at 12:17 p.m., during an interview, the dietary manager Staff B stated if the temperatures do not reach the recommended temperature to sanitize the dishes, staff should write in the comment section of the log. Staff B confirmed that it had not been done. Staff B stated if the rinse cycle does not reach the recommended temperatures there is a bleach solution that should be used, and stated that the bleach solution had not been used when the rinse cycles did not reach the appropriate temperatures to sanitize the dishes.	F 371		
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS  The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and	F 412	F 412  A referral was made for Resident #1 on 9/10/13. An appointment was scheduled with family's preferred dentist on 10/29/13. Family rescheduled the appointment for 11/15/13.	11-9-13



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F 412	<p>Continued From page 5</p> <p>must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to assist 1 of 3 residents (Resident #1) obtain an appointment for follow up dental care. This failure placed the resident at risk to have continued toothache.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 8/13 with multiple diagnoses to include s [REDACTED]</p> <p>Review of the record revealed the resident was seen by Smile Seattle Dentures on 8/7/13 with physician recommendations to have x-rays, evaluation, tooth extraction and new lower partials.</p> <p>On 9/10/13 at 12:40 p.m., observation of Resident #1's teeth revealed missing and decaying teeth.</p> <p>On 9/10/13 at 12:40 p.m., during an interview Resident #1 stated every time she eats, her teeth hurt.</p> <p>On 9/10/13 at 12:33 p.m., during an interview, Social Services (Staff C) reported she is responsible for coordinating care with the facility consultants. Staff C stated if the consultants make recommendations to have care provided outside of the facility, the information is given to</p>	F 412	<p>An audit was performed by DNS and Unit managers of each residents chart, to determine that all referrals had been followed up on.</p> <p>All dental recommendations will be reviewed by the Unit managers. The Unit managers will initiate appropriate follow through.</p> <p>Ongoing monitoring will be performed by the Director of Nursing. The Director of Nursing will make reports to QA for review and recommendations.</p>	11-9-13	

